



1652 \$

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/927,112
Filing Date	August 10, 2001
First Named Inventor	Rachel MEYERS
Group Art Unit	1652
Examiner Name	Y. Pak
Attorney Docket No.	381552004800

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Total Number Of Pages In This Submission

9

## ENCLOSURES (check all that apply)

- |  |   |  |
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| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Assignment Papers (for an Application)                         | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment / Reply                        | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declarations                             | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input checked="" type="checkbox"/> Extension of Time Request                | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
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| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

Remarks
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## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

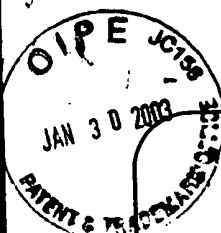
Firm or Individual Name	Carolyn A. Favorito, Reg. No.: 39,183 MORRISON & FOERSTER LLP 3811 Valley Centre Drive, Suite 500, San Diego, California 92130-2332
Signature	
Date	January 21, 2003

## CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on January 21, 2003.

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# FEE TRANSMITTAL FOR FY 2002

Patent fees are subject to annual revision.

Complete if Known

Application Number 09/927,112  
Filing Date August 10, 2001  
First Named Inventor Rachel MEYERS  
Examiner Name Y. Pak  
Group Art Unit 1652

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TOTAL AMOUNT OF PAYMENT

(\$410.00)

Attorney Docket No. 381552004800

## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 03-1952 (ref. 381552004800)  
Deposit Account Name Morrison & Foerster LLP

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	740	201	370	Utility filing fee	
1002	330	206	165	Design filing fee	
1003	510	207	255	Plant filing fee	
1004	740	208	370	Reissue filing fee	
1005	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$ 0.00)

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
- 20** =	x	= \$	
Independent Claims - 3** =	x	= \$	
Multiple Dependent		= \$	

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	203	9	Claims in excess of 20
1201	84	202	42	Independent claims in excess of 3
1203	280	204	140	Multiple dependent claims, if not paid
1204	84	209	42	**Reissue independent claims over original patent
1205	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

\*\* or number previously paid, if greater; For reissues, see above.

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	205	65	Surcharge - late filing fee or oath	
1052	50	227	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	139	130	Non-English specification	
1812	2,520	147	2,520	For filing a request for ex parte reexamination	
1804	920*	112	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
1251	110	215	55	Extension for reply within first month	
1252	400	216	200	Extension for reply within second month	\$410.00
1253	920	217	460	Extension for reply within third month	
1254	1,440	218	720	Extension for reply within fourth month	
1255	1,960	228	980	Extension for reply within fifth month	
1401	320	219	160	Notice of Appeal	
1402	320	220	160	Filing a brief in support of an appeal	
1403	280	221	140	Request for oral hearing	
1451	1,510	138	1,510	Petition to institute a public use proceeding	
1452	110	240	55	Petition to revive - unavoidable	
1453	1,280	241	640	Petition to revive - unintentional	
1501	1,280	242	640	Utility issue fee (or reissue)	
1502	460	243	230	Design issue fee	
1503	620	244	310	Plant issue fee	
1460	130	122	130	Petitions of the Commissioner	
1807	50	123	50	Petitions related to provisional applications	
1806	180	126	180	Submission of Information Disclosure Stmt	
8021	40	581	40	Recording each patent assignment per properties (times number of properties)	
1809	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	740	279	370	Request for Continued Examination (RCE)	
1802	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 410.00)

## SUBMITTED BY

Name (Print/Type) Carolyn A. Favorito

Registration No. (Attorney/Agent)

(regno)

Complete (if applicable)

Telephone (858) 720-5195

Signature

Date January 21, 2003

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